#### KENTUCKY EMPLOYEES' HEALTH PLAN

# SPOTLIGHT TRAINING



# HRA (Health Reimbursement Account)

#### WHAT IS A HRA?



HRA (Health Reimbursement Account) is **EMPLOYER** money that is loaded on VISA card for members to use to pay for qualified expenses for health, vision or

dental expenses

#### Three types of HRA's

- Waiver is provided to members who WAIVE their health coverage. \$2100 of employer contribution is loaded on a VISA for members to use for co-pays for medical or prescriptions, deductibles, co-insurance, or qualified dental and/or vision expenses.
- Waiver/Dental Vision Waiver is provided to members who WAIVE their health coverage. \$2100 of employer contribution is loaded on a Visa to use towards qualified Dental and /or Vision expenses
- Embedded HRA is provided to members who elect one of the Maximum
  Choice plans. Members will receive \$1000, \$1500 or \$2000 of Employer
  Contribution loaded on a VISA depending on Maximum Choice Plan option
  selection of Single, Couple, Parent Plus or Family

# HRA (HEALTH REIMBURSEMENT ACCOUNT)



- Only available to members who waive health insurance coverage OR
- Available to members who enroll in a Commonwealth Maximum Choice plan
- Unused money will carry to the next year\*

\*Specific requirements-must keep the same plan as prior year election



#### **WAIVER WITH HRA**

#### Who Qualifies for the Waiver HRA?

- Active employees who are benefits eligible and may have other coverage
- Active employees benefits eligible who may not have other coverage
- Active employees benefits eligible who may have Medicare or may have other coverage



#### **WAIVER WITH HRA**

### Who does not qualify for Waiver HRA

- Retirees who return to work
- Hazardous duty retirees
- Employees who cross reference with hazardous duty retirees

# WAIVER DENTAL/VISION ONLY HEALTH REIMBURSEMENT ACCOUNT (HRA)

# **NEW** WAIVER DENTAL/VISION <u>ONLY</u> HEALTH REIMBURSEMENT ACCOUNT(HRA)



- Covers dental and vision services ONLY!!
- \$2100 Employer Contribution loaded on Visa for dental and vision expenses for members who do not elect health insurance coverage
- Waiver Dental/Vision is available for employees and their spouses who have a Health Savings Account (HSA) and the Waiver HRA is not
- Ideal for employees who are over 65 years old, have returned to work and are enrolled in Medicare
  - This HRA will have no affect on Medicare and Medicare will remain your primary payer

# WAIVER DENTAL/VISION ONLY HRA



- Can be used for certain dental fees such as cleanings, fillings and crowns
- Orthodontic treatment
- Vision fees including contacts, eyeglasses and laser vision correction

(Teeth Whitening is excluded for coverage)
NOTE: CLAIM SUBSTANTIATION IS REQUIRED



- FSAs are offered under a section 125 cafeteria plan and are a pre-tax benefit to employees.
  - Employee money (not all agencies participate)
  - Employee must enroll every year FSAs do not rollover to new plan year
  - Unused money is forfeited "Use-It or Lose-It" Rule
  - Certain qualifying events will allow election changes during the year



- Pre-tax benefit to pay for:
  - Co-payments
  - Deductibles
  - Eyeglasses
  - Dental services
  - Braces
  - Prescriptions (not eligible for over the counter medication)





- \$5000.00 Maximum Contribution
- Certain Qualifying Events will allow election changes during the year (See Admin. Manual for details)
- Employees have until March 31<sup>st</sup> of the following plan year to submit claims that were incurred during the period of coverage

# DEPENDENT CARE ACCOUNT

#### **DEPENDENT CARE FSA**



- Employee pre-tax benefit to pay for:
  - Day Care Services (under age 13)
  - Adult Care Services (disabled dependents)



Note: Expenses must be employment related.
Reimbursements will only be provided for daycare/
adult care services while employee is working.

#### **DEPENDENT CARE FSA**



- Employee must enroll every year
- Employee elects annual dollar amount that must be used in current plan year
- Maximum contribution is based on tax filing status:

Head of household (HOH) \$5000

Married Filing Separately \$2500

Married Filing Jointly \$5000

(DEI no longer monitors the tax filing status)

## **DEPENDENT CARE FSA**



Dependent Care FSAs are offered under a section 125 cafeteria plan and are a pre-tax benefit to employees.

- Employee money (not all agencies participate)
- Employee must enroll every year Dependent Care
   FSA's do not rollover to new plan year.
- Unused money is forfeited- "Use-IT or Lose-It" Rule
- Certain qualifying events will allow election changes during the year. (See Admin. Manual for details)

# HUMANAAccess<sup>sm</sup> CARD

#### HUMANAACCESSsm CARD



#### Who will receive the HumanaAccess<sup>sm</sup> Card?

- Maximum Choice Plan members
- HRA Waivers
- Dental/Vision ONLY HRA Waivers
- Flexible Spending Account Members





#### HUMANAACCESSsm CARD



- Members can use the Access Card at the time of service or file a paper claim
- Substantiation is required for HumanaAccess
   Card
- All funds are loaded on the same card
  - Members COULD participate in more than one HumanaAccess card account
    - Example: Member elects Maximum Choice plan and also has a Flexible Spending Account

# HUMANAACCESS<sup>sm</sup> VISA® DEBIT CARD

- Must be activated prior to use
- Swipe card to make purchase and select the "credit" option
- Amount of transaction is automatically deducted from account balance
- If member has an FSA, funds will be deducted from FSA first because FSA will not roll over
- Can be used at pharmacies, doctor's office, hospitals and drug stores

# **HUMANAACCESS CARD DENIALS**



- Substantiation
- Outstanding substantiation for prior claims
- Using old Access Card
- Member is not showing active in the system
- Provider could be swiping card incorrectly
- Member has a zero account balance on Access
   Card

In the event of an Access Card denial members should contact HUMANA at 800-604-6228.

#### **HUMANAACCESS CARD CLAIM PAYMENTS**



- Electronic at the time of service
- By providing numbers on Access Card to provider office on the bill
- Reimbursement (filing paper claim)

Mail to:

Humana Spending Account Administration

P.O. Box 14167

Lexington KY 40512-4167

Fax to:

800-905-1851



# **FSA AND HRA TERMINATION DATES**



- Termination dates for an FSA and an HRA is the day employment ends or the day the employee retirees
- HRA Contributions are paid by the employer up to the date employment ends



# FOR FSA AND HRA QUESTIONS



- Contact Financial Management Branch
   Flex Team
  - PHONE: 502-564-0350 or 502-564-0351
  - FAX: 502-564-0364

